

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	9/8/01
FORMALITY REVIEW	M.W.	1102	10/15/01
RESPONSE FORMALITY REVIEW	H.I.	1029	01/29/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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564  
10/15/01  
6.11  
1-29-02